

**INCOME ELIGIBILITY GUIDELINES FOR REDUCED-PRICE MEALS  
EFFECTIVE JULY 1, 2006, THROUGH JUNE 30, 2007**

(Use for attaching to parent/guardian letters.)

Parent, Guardian, Family Member: If your total household income is within the limits listed below, the person you are applying for may be eligible for either free or reduced-price meals.

**MONTHLY INCOME**

<b>Household Size</b>	<b>Reduced Rate Reimbursement</b>
1	\$1,062.01 - \$1,511.00
2	\$1,430.01 - \$2,035.00
3	\$1,799.01 - \$2,560.00
4	\$2,167.01 - \$3,084.00
5	\$2,535.01 - \$3,608.00
6	\$2,904.01 - \$4,132.00
7	\$3,272.01 - \$4,656.00
8	\$3,640.01 - \$5,180.00
For Each Additional Person, Add	+\$525.00